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7590 11/10/2008  
 Robert E Krebs  
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(DRAFTSPRINTS 9/04/03)

(Signature)

(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,519	10/06/2004	Christophe Girold	705299-607005	8870

TITLE OF INVENTION: VITRIFICATION FURNACE AND METHOD WITH DUAL HEATING MEANS

434299-605

## VITRIFICATION FURNACE WITH DUAL HEATING MEANS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FILED ISSUE DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/10/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HALPERN, MARK	1791	065-135600				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

COMMISSARIAT A L'ENERGIE ATOMIQUE - PARIS, FRANCE  
COMPAGNIE GENERALE DES MATIERES NUCLEAIRES, VELIZY VILLACOUBLAY, FRANCE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3557 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Robert E. Krebs

Date February 5, 2009

Registration No. 25,885

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